

AO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT **FILED**

NORTHERN

District of

CALIFORNIA

2008 MAY 19 A 10:34

John Gabor and Kay Gabor
Plaintiffs

v.

USA;MUCASEY;AOUSDC;SCHARF;
BERKMAN;BURTON VOLKMANN &
SCHMAL,LLP;SCHMAL;SABIN;
SOLOMON;MIYASHIRO;GARCIA;
and DOES1-100

Defendants

ADR

RICHARD W. WIEKING
SUMMONS IN A CIVIL ACTION
U.S. DISTRICT COURT
NO. DIST. OF C.A. S.J.

RMW PVT

CASE NUMBER:

C07 06091

TO: (Name and address of Defendant)

Timothy James Schmal
133 Mission Street, Suite 102
Santa Cruz, CA. 95060

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

John Gabor and Kay Gabor
590 Smokey Court
Campbell, CA. 95008-3717

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

RICHARD W. WIEKING

CLERK

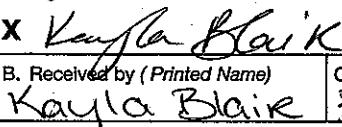
(By) DEPUTY CLERK

DEC 03 2007

DATE

Tiffany Salidas-Harwell

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE <i>March 17, 2008</i>	
NAME OF SERVER (PRINT) <i>John McGoldrick</i>	TITLE <i>SER VER</i>	
Check one box below to indicate appropriate method of service		
<input type="checkbox"/> Served personally upon the defendant. Place where served: <input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: <input type="checkbox"/> Returned unexecuted:		
<input checked="" type="checkbox"/> Other (specify): <i>Defendant Timothy J. Schmal Served at 133 Mission St, Suite 102 Santa Cruz, Ca. 95060 by Certified mail # 7007 0220 0001 9000 7845</i>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL <i>\$100.00</i>
DECLARATION OF SERVER		
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.		
Executed on <u>March 17, 2008</u> Date	 <i>JRGM</i> Signature of Server	
<u>7737 Elm Oaks Blvd #242</u> <u>Carlsbad, Ca. 95008-1705</u> Address of Server		
SENDER: COMPLETE THIS SECTION <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		
COMPLETE THIS SECTION ON DELIVERY		
A. Signature  <input checked="" type="checkbox"/> <i>Kayla Blair</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee		
B. Received by (Printed Name) <i>Kayla Blair</i> C. Date of Delivery <i>3-17-08</i>		
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label)	7007 0220 0001 9000 7845	